

EXHIBIT “K”

February 14, 2025 Email from Plaintiff’s Counsel enclosing Certified Mail Receipt and Signed Green Card serving Alex Gorsky Subpoena

Danielle M Gosciniak

From: Kimberly L Russell
Sent: Friday, February 14, 2025 2:41 PM
To: Durham, Christopher D.; Bassani, Elisabeth; Brown, Adam
Subject: Gorsky Deposition [IMAN-IMAN_BB.FID667665]
Attachments: Scan (005).pdf



Hello to all,

Attached is the green card. Please confirm the deposition date or provide alternate dates. Thank you.

Kim Russell

Kimberly L. Russell, Esquire
[Kaplin Stewart Meloff Reiter & Stein, P.C.](#)
Union Meeting Corporate Center
910 Harvest Drive
P.O. Box 3037
Blue Bell, PA 19422-0765
Direct dial: (610) 941-2541
Fax: (610) 684-2026
krussell@kaplaw.com
<http://www.kaplaw.com>



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Alex Gorsky <div style="background-color: black; color: white; text-align: center; padding: 5px;">REDACTED</div>		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) 9589 0710 5270 2437 4035 36		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<div style="text-align: center;">  9590 9402 9200 4225 6646 33 </div>		3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

9589 0710 5270 2437 4035 36

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail®
\$
Extra Services & Fees (check box, add fee if appropriate)
☒ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☒ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To Alex Gorsky
Street and Apt. No., or PO Box No.

REDACTED

PA 19422
FEB - 7 2025
Postmark Here
USPS

PS Form 3800, January 2023 PSN 7530-02-000-0047 See Reverse for Instructions